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## THE RELIGIOUS SIGNIFICANCE OF THE PSYCHO-THERAPEUTIC MOVEMENT<sup>1</sup>

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The great wave of enthusiasm for mental healing through the agency of the church has in some measure subsided and it is now possible to look at both sides of the questions involved in it with a somewhat juster valuation of the factors concerned. In spite of exaggerations, the movement had an undoubted educational value for the church, opening its eyes to certain lines of religious effectiveness which it had scarcely realized before, lines indeed which are quite distinct from direct participation in the healing vocation. I refer especially to the facts, now widely known, which emphasize the intimate relation that subsists between mental conditions and the well-being of body and spirit. There can be no denying the vast array of evidence which has accumulated under the auspices of psychology in the last few years. Neither the average minister nor the average physician, for that matter, had suspected the scope and significance of these facts.

The minister, it is true, has had more or less theoretical and unsystematic notions regarding the possibility of effecting the cure of disease by faith and prayer. The physician has had equally vague notions of being able to supplement the action of his drugs by working upon the "imagination" of his patients. Then came the wave of popular enthusiasm for religious leaders to become active psychotherapists. This wave culminated with the so-called Emmanuel Movement, although it had certainly been slowly gathering in strength for the past twenty-five years under the stimulus of Christian Science and kindred sects. The point, however, to

<sup>1</sup> The author of this paper, while quoting extensively from certain authors, does not wish to be understood as thereby approving of all the positions taken in the books referred to. In many cases he differs widely. His approval extends no farther than the actual quotations. He has attempted to avoid making this a controversial paper.

which I would call attention is that this popular movement with all its fallacies has had considerable educational value. The religious leaders, at least, appreciate the fact that they stand as yet only on the outskirts of a great field and that there is need of straight, clear thinking if they are really to profit in exploring it.

Of the bare facts of mental healing there is, on the whole, no question. They are there before us, whatever we may choose to say about them in an interpretative way, and it is as legitimate and worth while to try to determine their significance for the Christian church and for the Christian minister as from any point of view. There seem, indeed, to be excellent historical precedents for a definite alliance between religion and the healing art, and this is possibly one of the reasons that the interest in psychotherapeutics has just now been so easily aroused and has spread so rapidly within religious circles. Religion has always been more or less definitely associated in the minds of the masses with the healing of diseases.<sup>2</sup> "The broad undercurrent of religious cures, especially in the Catholic church and in the Greek church, but with fewer symbols also outside of them, has up to the present time never ceased to flow."<sup>3</sup> This is true not merely of the Christian but of all religions from the most primitive to the most highly developed types. In earlier times the priest, frequently, if not always, combined the functions of the religious ministrant with those of the physician. In all ages and among all peoples the sick have been inclined to turn to their priests for help in shaking off the bonds of their bodily afflictions.

However, as society has become more complex and as its functions have differentiated, the labors of the priest have become more highly specialized and he has had less and less to do with the healing of diseases. In other words, the sphere of religion has gradually been more and more definitely delimited and the functions of the priest have been correspondingly narrowed. Into the history of the matter it is not necessary now to go farther. We may, however, consider for a moment the probable basis of this primitive connection of healing with religion.

<sup>2</sup> Cf. the writer's *Development of Religion*, 194.

<sup>3</sup> H. Münsterberg, *Psychotherapy*, 325.

In general this connection seems to have been due to the peculiar theory of disease and death which has prevailed among all the natural races even to this day, that is that they are the results of evil magic exercised against the victim by some enemy or by some viciously disposed person.<sup>4</sup> Being produced by a mysterious power, it was easy to suppose that disease would have to be combated by the same agency. Hence the primitive man often turned to his priest because he was a public functionary, the conservator of tribal welfare, and because he also possessed power, or was *en rapport* with superior and mysterious forces of various kinds. It was, then, through his supposed access to a higher power that the religious leader was considered able to minister to those in sickness. In fact, whenever man has been baffled, whenever the vital concerns of life have seemed totally beyond his foresight and control, he has turned to religion to find help.

This theory of the method of healing through religion has prevailed in large measure to the present day. The accounts of the miracles of the New Testament show clearly that it was the accepted view of that period. The disciples, as well as Jesus himself, worked their wonders because, as they certainly believed, they had a power from above which was superior to the power of the evil spirits.

It is easy to pass from this belief over to the notion that the ability to work wonders is an important proof of the genuineness of the religion. If the adherents of a certain religion can cure disease their religion gives them power and it is therefore true. If they cannot work such miracles the power of their religion is either inferior or *nil*. It is a matter of history that every religion has, at times, tended to put forth its miraculous healings as the most important evidence of its genuineness. The broad and open-minded study of the various ethnic religions has, however, revealed the fallacy of depending upon such arguments, for it is found that all faiths, the lowest as well as the highest, actually are able to effect striking cures. It can hardly be maintained, then, that the miracle of healing is capable of throwing any special credit upon any religion. Evidently, that which is common to all religions cannot be used to prove the peculiar validity of any one of them.

<sup>4</sup> Cf. *Development of Religion*, 194.

If we would consider the religious significance of the current psychotherapeutic movement we find there are, then, two problems which require some consideration. First, is there any legitimate ground on which the minister, as over against the physician, may still participate in the healing of the sick? That is, has the therapeutic function passed completely and properly over to the physician, as the healing vocation has been gradually differentiated from the priestly, or is there some aspect of the healing art to which the minister as such may still lay claim? Secondly, if there *is* still a healing function for the church and its ministers, on what basis does it rest, inasmuch as the higher religion can no longer hold that such healing is due to the exercise of, or *rappport* with, supernatural power?

While it seems most logical to state these questions in this order, it will be more satisfactory to reverse them for discussion as the solution of the first problem will to some extent depend upon the answer we give to the second. In other words, the question as to whether the religious leader may still be a therapist for the body will be significant only if there is admitted to be still a ground on which the healing *can* take place, the exercise of supernatural powers being ruled out by both historical and scientific evidence. If the minister *can* heal, has he a right to do so in view of the existence of the physician class? Is there something that the minister as a minister can do that the physician cannot?

We seek, then, first of all the explanation of the cures that have occurred under the ministration of religious faith. This explanation, as is well known, modern science has offered in terms of the psychology of suggestion. Students of mental life have long recognized the tendency of ideas to find motor or bodily expression of some sort. This is true not merely of ideas which are associated with some voluntary activity, as when a man eats an apple or sharpens his pencil, not because he really wishes to do so but because in some way the idea of doing so is suggested to him, for example, by the act of someone else. Almost any act can be thus initiated by suggesting the idea of that act in some appropriate way. But the power of suggestion extends much farther than this. Not merely ordinary voluntary activities can be thus produced;

changes also may be wrought in the physical organism, apparently entirely beyond the control of the will.

Medical experts also recognize that disease is to some extent the outcome of a disintegration within the personality. Certain ideas may acquire an undue prominence in the field of attention. The psychophysical organism loses its normal condition of balance and thus lays itself open to various functional derangements. If the normal balance can be restored the prospects of regaining health are more favorable. All curing of disease, in so far as it depends upon psychical factors, acts to a large extent along this line, namely, that of establishing a strong idea of recovery and of turning the attention away from the affliction as an absorbing object of interest.

The methods by which suggestion acts vary widely whether within or without the pale of religion. As Professor Münsterberg says: "The forms were frequently changing through the history of the church but the essence remains the same. Sometimes more emphasis is laid on the personal factor of the priest, sometimes more on the sacred origin of the symbol as in the case of the relics, sometimes more on prayer and godly works, but it is always the religious belief which cures."<sup>5</sup> That is to say, the means by which one's attention is turned from the malady and fixed upon the idea of recovery may vary; now it may be a person, now a relic, now a prayer, but in every case there must be a turning of the attention away from the disease and a fixing of it upon the idea of attaining health, or at least there must be an absorption of attention in other things than in the sickness. The principle here involved is fundamental to the practice of the primitive witch doctor. It is one of the elements of Christian Science practice with its affirmation that disease is non-existent, for here also attention is transferred from the disease and the disease-producing conditions by denying that they exist and is fixed upon ideas of health and well-being.

It would seem from these things that the conditions appropriate for health might be furnished by *any* agency or institution and that there should be no special reason for religions being

<sup>5</sup> *Psychotherapy*, 324.

concerned in mental therapy unless it be from a desire to maintain its traditional connection with the healing art.

As has been said, a functional disease is to some extent the outcome of a disintegration of the psychical organism, and suggestion is effective because it is possible by such means to reconstitute that organism.<sup>6</sup> If religion is to play any part in the matter at all it must be through its capacity to exert just such an influence. Some students of psychotherapy hold, and not without reason, that the tendency of religion in this direction is negative rather than positive. For example:

It is really doubtful whether the moral and religious appeals are always helpful and not sometimes or often even dangerous for the health of the individual; and it is not doubtful that morally and religiously indifferent mental influences are often of the highest curative value. The more we abstract from everything which suggests either the mysticism of the subconscious or the moral issues of the mind which is independent of the body, the more we shall be able to answer the question as to the means by which health can be restored.<sup>7</sup> . . . By touching one of the deepest emotional layers of the mind, the layer of religious ideas, the minister gives to the soul an intense shock and expects that in the resulting perturbation everything will be shaken and may then settle itself by its own energies in a healthful way. It is a fact that can sometimes happen, and under favorable conditions the chances for it are even favorable. Under other conditions the chances are unfavorable and the result does not happen at all.<sup>8</sup> . . . Religious fervor has at all times helped to create hysteria and to develop psychasthenias.<sup>9</sup>

There is, however, another side to the matter and our author recognizes it, as we shall see later.

To determine adequately the exact nature of the influence of the religious attitude upon bodily health would require a careful

<sup>6</sup> "It is the skeleton in the closet, the tug of an evil spirit residing in the mysterious depths of our subconscious life, the misunderstood twists and tendencies derived from unfortunate experiences in childhood, experiences which at the time may have seemed innocent and trivial enough, that contribute many of the specters which terrify us and seem to block our paths. It is among the best contributions of modern psychiatry and psychotherapy that it has been shown to be possible, in a remarkable degree, to reverse these hidden influences, which are due to old environments, to misinterpreted emotions, in brief to ignorance."—Dr. Putnam in *Psychotherapeutics*.

<sup>7</sup> Münsterberg, *op. cit.*, 164, 165.

<sup>8</sup> *Ibid.*, 336.

<sup>9</sup> *Ibid.*, 338.

inductive study of the psychology and social psychology of religion. In lieu of such an empirical study we can here offer only a few theoretical generalizations. Religion is not, strictly speaking, the expression of a simple instinct, but rather a developed and complicated attitude, a complex of ideas, emotions, and impulses about certain ends, ideals, or objects. Thus, a system of mental states may be organized about the end of conforming to the will of some deity, or to the ideal of life supposed to be set forth by Jesus or Buddha. Then again there may be systems of ideas, motives, and acts clustering about the adoration of some god. We can thus see that a religious attitude represents an integration of the psychophysical life of the individual about certain nodes or foci.

These nodes are important features of our mental life in general. Our ideas, our feelings, our emotions are not jumbled together without plan or organization. There is always a grouping of some sort among the mental elements. A part of these elements are systematized about our vocations. Our capacity to act efficiently and promptly seems to depend upon the thoroughness with which our mental systems are integrated. It is these definite organizations of the person's mental self that constitute character. One with no definite centers of interest is without definite character. The psychophysical make-up is at loose ends.

Now, it is important to recognize that, even in its lowest forms, the religious life of a person is more or less such an organization of himself and that it serves to give to him a certain character. He has literally had his ideas, his emotions, his habits, his desires put together after a particular pattern, a pattern which resists disintegration and is capable of exerting a definite influence upon the person in all the other aspects of his life, both conscious and unconscious. It is a means of integrating a broader self; at least there *are* persons who find in religion an enlargement of being, who find in it a means of making the actual working personality more than ordinarily inclusive.

The question is whether such a mental complex as this which may develop under the influence of religion is in itself favorable to health, and whether the continuous cultivation and development of the religious attitude may be an important influence in



fortifying the body against disease as well as in healing those diseases that already exist.

I have already pointed out that medical specialists tend to regard functional diseases as due, to some extent, to the disintegration of the normal mental and physiological complexes and to the development of unhealthy ones. Thus:

Common experience has shown that certain unhealthy habitual states of mind are apt to be accompanied by various derangements of the functions of the body. By "unhealthy" I would designate those which tend to misadapt a person to his environment, and among those habits or states of mind I would classify disruptive emotions and feelings; apprehensions and fear of disease or of the consequences of business or social acts; fixed beliefs in fictitious disease, illogical doubts, scruples, and anxieties; habits of thought such as constant introspection, self-consciousness, the concentration of attention on the physiological functions of the body, the expectation of ill consequences following any sort of conduct, and so on. I need not go into details, for that such conditions of mind are accompanied by derangements of the bodily functions is a fact of common knowledge. . . . Furthermore, in certain persons, the modes of mental activity I have described, if frequently repeated, tend to become habits or habitual reactions to the environment that are not easily discarded. . . . It is not to be affirmed that these unhealthy mental states, even when they become habitual, are accompanied in every individual by disturbance of bodily functions, but the tendency is such in persons of a certain temperament and so-called nervous organization.<sup>10</sup>

We may take it, then, as an established fact that the healthful functioning of the body is dependent, in part, upon a well-organized mental life.

"The aim of psychotherapy, therefore, must be to reassociate the split-up personality and to form such healthy complexes of ideas as will not stimulate the undesired complexes, but by their automatic activity will contribute to the well-being of the individual and adapt him to his environment."<sup>11</sup> I believe it may be plausibly held that religion is capable of becoming such a healthful integrating force in one's life. There are certainly some aspects of religious belief that seem to be very definitely productive of a healthful condition of mind. Such would surely be the result of the perfect love that casteth out all fear.

<sup>10</sup> Dr. Morton Prince in the symposium published under the title *Psychotherapeutics*, 13, 14.

<sup>11</sup> *Ibid.*, 31.

The idea of the man Jesus of the theological concept of Christ, as a noble and impelling personality, easily becomes a great organizing force, rich in suggestions, a means of effecting real character development.<sup>12</sup>

Religion, as we have seen, is in its essence an outcome or expression of a psychical complex. It depends of course upon what the religious environment of the individual is whether these complexes are healthful or not. They should be healthful, however, and, in the main, their tendency is in that direction, notwithstanding the fact there is much to substantiate the assertions of Münsterberg quoted above. Many aspects of current as well as historic religion have indeed tended to produce just the effects which he mentions. But the *ultimate* aim of religion is to reconstitute the person after a certain fashion, and even though this reconstituted person may be quite abnormal from the viewpoint of present-day standards, such as the anchorite, the extreme ascetic, or mystic of the Middle Ages, it is nevertheless true that even such types of character represent a remarkable definiteness and unity of organization. It is chiefly in the *steps* by which such unity of character is attained that the danger of shipwreck exists, the danger of starting complexes or setting up powerful ideas which shall, through mismanagement, never get properly organized with the rest of the self. For instance, certain ideas of sin and punishment, of self-denial and self-condemnation, or even of love and duty, may be presented with such strong emotional tones that they acquire the power of fixed ideas in some persons and remain independent centers of activity interfering with, rather than contributing to, the building-up of a strong central character.

The religious ideal may be said to be the attainment of some sort of unity or harmony with a superior order of existence. The present world is felt to represent inadequately the real values of life. The religious character strives for a higher organization of the elements of psychophysical existence than would come from a narrow conformity to present physical and social standards. By its powerful appeal to the emotions, by its emphasis upon its valuations as absolutely ultimate, by its ideal of helpful service

<sup>12</sup>Cf. Brown, *Faith and Health* 122 ff., for an excellent discussion of this phase.

and its obligation to stand for and promulgate the teachings imposed upon its adherents, a religion may furnish an almost unparalleled agency for the integration of character and a type of character at that which should be quite healthful. Surely, healthfulness would tend to be the result of the vivid appreciation of the dictum that all things work together for good with the godly, or of the faith that, in spite of appearances to the contrary, all is ultimately well with the world. The firm conviction that sin and disease are twin delusions of mortal mind and that only the good exists, whatever its crudity as a system of metaphysics, is undoubtedly a psychological condition favorable to a buoyant, healthful frame of mind.

In fine, we can say that the development of a religious attitude *may* tend toward a state of mental organization and mental poise which makes for health in one already diseased and which tends to maintain a condition of health in the well, and all this entirely aside from the action of any supposed supernatural and extraneous powers. In this broad general way it is certainly true that the modern religious leader does retain a part of his ancient healing prerogative. It is true also that religion, as a character-building force, may be made favorable to health and inimical to disease.

I started out by explaining mental therapy through suggestion. Afterward I emphasized character development as the special avenue of healing open to the church. Let us now try to see if there is any relation between these ways of looking at the matter. Professor Münsterberg defines a suggestion as "an idea which has a power in our mind to suppress the opposite idea," not different from other ideas except in "the way in which it takes possession of the mind" and "reduces the chances of any opposite ideas" in the determination of conduct.<sup>13</sup> Character development, on the other hand, may be said to be in part the resultant of the many suggestions to which the individual in all his formative years has been subjected. And yet character development involves more than suggestion and it is most important for all discussions of mental therapy to recognize this fact. This "more," to which I refer, is the factor of conscious will, or purpose. It is well known

<sup>13</sup> *Psychotherapy*, 86.

that the condition of mind most open to suggestion is that of relative passivity. Now, it is fairly evident that a character built up altogether through *mere* psychologic suggestion would be a very poor sort. It would be a disjointed mechanical product devoid of a certain uniqueness which we associate with individuality. We are far from being merely the product of countless suggestions from our environments. There is always the inner impulse or self-activity of the organism to be taken into account and it is quite as fundamental in our make-up as any and all external influences. This inner impulse may be *modified* by suggestion, but to grant this does not affect the point at issue, namely: that in normal character development there is always present the factor of active choice, the impulse to overcome all obstacles in working out a life of one's own.

In terms, then, of this impulse, of this conscious striving, psychologic suggestion is merely so much raw material, important as raw material, but never capable of making a genuine character without much elaboration and transformation from within. What is the bearing of this upon the religious significance of psychotherapy? It is evident that suggestion, while it may help to re-establish the functions of the organism upon a more healthful basis, does not in itself furnish a fully adequate basis for a continuation in a state of bodily health. Unless there has been real character development, real and profound integration of the scattered elements which before contributed to the diseased condition, the return to health, mediated merely by suggestion, may be only temporary.

It is interesting to note that physicians and psychologists recognize the more or less partial and even temporary influence of bare suggestion. For instance one authority says:

There is a striking difference between the impulses to action formed through suggestion and those gained through experience and struggle, even though the apparent result and form of the action might seem now and then to be the same in the two cases. This difference resides in the fact that, although an impulse to action secured through suggestion may fit us to carry out a certain result, and thus adapt us to a certain environment, the position of character—assuming of course that it is character of a desirable sort—adapts us to environments of many sorts.<sup>14</sup>

<sup>14</sup> Dr. Putnam in *Psychotherapeutics*, 201.

There is the case of a cocaine and morphine patient<sup>15</sup> who was dismissed from a New York hospital apparently cured, but who soon relapsed into his old habits. He was really cured (true, in this case not entirely by mental therapy), but he had not developed the strong character necessary for resisting the manifold temptations which came to him in most subtle ways when he entered the environment and took up the vocation of his old life.

There is a growing recognition on the part of physicians and psychiatrists of the deep-rooted causes of many diseases and with this recognition a further appreciation of the fact that we have here emphasized, that suggestion is, in many instances, able to offer only a superficial or partial relief. Thus, to quote again:

In proportion as our knowledge of the mental life has become deeper and more accurate, there has been a growing tendency to seek further and further for the causes of distressing mental symptoms; whether these causes lie in the environment of the patients or in habits and instincts and experiences dating back to the years of childhood or expressed in inherited physical traits. Hand in hand with these tendencies towards a more searching analysis of symptoms with reference to this origin there has come a willingness to undertake a modification of the mental mechanism such as was not characteristic of the therapeutic efforts of earlier days.<sup>16</sup>

Psychotherapeutics in its best sense thus resolves itself into a broad system of mental regeneration, or re-education, not dependent upon isolated doses of suggestion in which the factors of personal initiative and purposive endeavor are apt to be overlooked, but rather upon real inner growth. It is common now-a-days to say that Jesus effected his miraculous cures through suggestion. It is significant, however, that he apparently recognized the necessity of re-education, or of character development, as the only sure guarantee of continued health. Is not this the psychological significance of his forgiving the sins of many as a step preparatory and essential to the healing process? And what is forgiveness, viewed psychologically? Whatever may be its metaphysical meaning, it is at least for the individual a regenerated personality. Sin is the outcome of the activity of some narrow or restricted portion of the self, the result of the functioning of a detached

<sup>15</sup> *Psychotherapy*, 288, 289.

<sup>16</sup> *Psychotherapeutics*, 187.

psychical complex. A bad man has either a loosely organized character, or a character organized on a low and narrow plane. What such a man needs, first of all, is to get a broader outlook, to feel himself a part of a higher order and appealed to by a new type of motives. If this wholesome attitude can be secured by forgiveness, if the sinner can feel that he is no longer at variance with higher things by being assured that his sins are remembered no more against him, it is certainly a concession on the part of the divine mind worth the while. That is, if a person of disintegrated personality can be put on the road of mental regeneration by God's forgiving and forgetting, the latter can well afford to make such a concession. What is even the worst sin in view of the possibility of a new man's being built up by that sin's forgiveness? When, therefore, Jesus first forgave the sins of the paralytic and then suggested to him that he arise and walk, he did something which is quite in accord with modern theories of the healing of disease. He provided by that fiat of forgiveness for a unification of character which would serve as a basis for the new health that the suggestion of rising up and walking had called into being.

I believe it can be shown that successful mental healing in all ages has been associated with some form of character-building. The main element of success in the Emmanuel Movement as well as in Christian Science lies just here. The Christian Scientist has always been loud in his denial that the cures wrought under his influence have had any connection with hypnotism or suggestion, and in a sense he is right. It is suggestion, only much more than that, upon which he depends. Christian Science really provides for an elaborate system of education in a peculiar philosophy of the world and of life. This education, as I understand it, is recognized as fundamental in the practice of the art.<sup>17</sup> As was pointed out above, the view of matter and disease as non-existent furnishes a basis upon which psychical complexes of character can be organized and a spirit of healthy-mindedness developed which is apparently independent of the question of whether the philosophy is true or false.

We have probably given a sufficient answer to the second of

<sup>17</sup> *Science and Health* (1910), chap. xii.

the questions proposed in the beginning of this paper. The answer is this: Religion in general may have a genuine therapeutic value because it affords definite centers of interest and compelling objects of attention. It is capable of exerting an influence favorable to the organization and unification of personality and all of this we have seen is favorable to physical health.

The next question is whether the minister, in view of the above facts, should undertake specifically the work of therapy. Can the therapeutic values of religion be best realized by the minister's consciously and actively attempting to help the sick when their maladies are supposedly altogether or largely of mental origin? At first glance it seems that such a course would be perfectly feasible, provided the minister has the time for it in the midst of his other and admittedly heavy duties. It would seem, indeed, to be but the logical outcome of the fact that religion is capable of exerting a positive integrating influence upon the life of the individual.

The question is not, however, to be disposed of so easily. When one recognizes how intricate the processes involved in even functional diseases are, one may see that even when psychical treatment is desirable it is questionable whether any but the skilled physician should attempt to administer it. The well-known proposal of the leaders of the Emmanuel Movement has been that the physician diagnose the case, and, if he decide that psychical treatment is required, he turn the case over to the clergyman, the assumption apparently being that the clergyman is better able to administer it than the doctor. True, the minister has the advantage of being able to utilize religious forces, and yet religion, while of probable therapeutic value, is only one of the forces that are capable of playing a part in mental healing and there are unquestionably some persons in need of mental treatment who cannot be approached on the religious side. There are other difficulties attending the minister who attempts in any definite way to be a therapist.

The diagnostician who treats the patient himself has ever new chances to remodel his diagnosis and to correct it under the influence of therapeutic effects. The danger is great that under the proposed conditions the activity

of the physician will be superficial, because he is deprived of his chief means, constant observation.<sup>18</sup>

But even if it should be shown that these possibilities of error are not serious, there is still a further difficulty.

The usefulness of psychical treatment does not at all exclude the strong desirability of physical treatment at the same time. The emphasis which is laid on religious persuasion and inspiration, on prayer and spiritual uplift, practically excludes the use of baths and douches, of massage and electricity, of tonics and sedatives. . . . The minister applies and can apply only one of many possible methods for cure and yet, if we really want to make use of the resources of modern knowledge, we have to adapt most carefully all possible means to the individual case.<sup>19</sup>

In other words, few if any diseases are clear-cut and simple as to mode of treatment. Those of an organic character do not require physical treatment alone nor are the functional diseases capable of being clearly separated from the organic. Even if they could be, it is doubtful whether mental therapy would suffice in all cases.

Even on the purely mental side there are difficulties. The average minister, and the average physician too, for that matter, are scarcely able to make the detailed analysis on the mental side which a case usually requires. The factors which require attention and specific adaptation are extremely complex, so that it is questionable whether anyone who does not devote his entire thought to the study of psychotherapy can adequately deal with all the exigencies of a particular case.

It is true that the minister as a confidential and trusted friend, through quiet conversation, suggestion, or prayer, may calm the troubled nerves of a patient and induce in him a more hopeful and hence more healthful frame of mind. But it is questionable whether he can do more than treat in this very general way the cases that may come to him. He can give general suggestions which may relieve insomnia, he may do many things that will help the nervous patient and set him on the road to living a better balanced life. But most diseases require *specific* treatment as well, and the minister can hardly differentiate his therapeutic methods. The science of suggestive therapeutics is full of the subtlest details

<sup>18</sup> *Psychotherapy*, 333.

<sup>19</sup> *Ibid.*, 333-34.



and, while the general suggestion of health that one may get from the bones of a saint, from the waters of Lourdes, from the philosophy of Christian Science, or from the encouraging words and prayers of a trusted clergyman may be productive of excellent results, there will be many cases that will require very much more detailed attention both on the mental and on the physical side. Even when mental treatment is desirable it cannot

ignore the hundred physical elements which enter daily into the disease. There are the most complex digestive problems involved which demand a thorough understanding of chemical metabolism, there are still more complex problems of the sexual organs which the minister certainly ought not to discuss with his female parishioners, there are bacteriological questions, there are questions of the peripheral nervous system and sense organs; in short, questions which belong to a world into which the minister as minister has never looked.<sup>20</sup>

It thus appears doubtful whether the minister should enter actively into the therapeutic field in other than the most general way. The clergyman who seeks to be a therapist will be apt either to give undue stress to the religious factor or to depart from it in some degree by depending now and then and in part upon the aid of various physical means.

If the woman who cannot sleep is cured from her insomnia by being made to listen to the beats of a metronome, it may sometimes be effective, however crude, but it is certainly no longer religion, even though the metronome stands in a minister's room.<sup>21</sup>

Thus, little by little, the minister may come to supplement his religious suggestions by physical aids and as he does so, "he simply enters into competition with the physician, only with the difference that he has never studied medicine."<sup>22</sup>

This, then is the upshot of our inquiry: There is little doubt that the minister, able as he is to arouse the religious emotions and to awaken the strongest of human impulses under the stimulus of religious ideas, may give specific suggestions that will lead to the healing of the sick, in just the same way that the priest of a primitive cult, or the relic of a saint may cure a believer who belongs to a lower stage of culture. To be sure, the one may be more enlightened than the other as to the actual method of his cure.

<sup>20</sup> *Psychotherapy*, 334-35.

<sup>21</sup> *Ibid.*, 340.

<sup>22</sup> *Ibid.*

The one may think that it is effected through the action of some supernatural power. The other *may* know that the help comes through suggestion and through the building-up of a better balanced self. It is more than likely, however, that the large majority of those presumably enlightened people who have their attention turned to Christ and are encouraged to "believe" that he will heal as in days gone by, or who seek healing through prayer, it is more than likely, I say, that they also expect the desired results to be accomplished through the exercise of some supernatural power which becomes available through the fervency of their prayer or the quantity of their faith. It is evident that they do not stand on a different ground from that occupied by those primitive minds who are healed by some relic, by holy water, or by an incantation.

Even though the belief in magic powers should continue, though in modified form, to be efficacious with modern peoples, it is a serious question whether the church can afford to build up its healing functions on the basis of any such idea. It seems to me, if it came to a choice between the two, that the fantastic metaphysics of Christian Science along with its thoroughly practical healthy-mindedness would be far more desirable and certainly safer. Moreover, even though many people may be able to be helped through a belief in miraculous powers, it is a belief which will fail to appeal to an increasingly large number in this age of enlightenment.

What, then, is the way out of these various difficulties? If the minister attempts, on the one hand, to use suggestive therapeutics in any thorough way he encroaches upon the sphere of the physician and if, on the other hand, he confines himself strictly to the religious sphere he almost inevitably overworks the religious motives and in the minds of many of his patients becomes a purveyor of supernatural powers. As far as I can see he must first of all recognize more clearly his real function as a religious leader, and secondly he must see, without intellectual wavering, the real nature of the relation of religion to health. This function and this relation have already been clearly stated in the earlier portions of this paper in terms of religion as a developer or integrator of character.

There is a real need, on the other hand, that the medical psychotherapist should appreciate more keenly the fact that it is not mere suggestion, in the long run, but rather actual reconstruction of character (a process often slow as well as difficult), that is most needed in combating disease and that religion can, as we have seen, exercise an important influence in such a reconstruction. I am willing to go so far as to say that the efforts of the *average* physician might well be supplemented in many cases by the intelligent minister. Possibly some basis of co-operation might be worked out not open to the objections brought against the Emmanuel Movement. The busy physician is apt to treat disease as if it were an isolated process and he is apt to overlook the

thousandfold connections in which the nervous system stands with the patient's whole life experience in past and future. The physician is thus too easily inclined to underestimate the good which may come in the fight against disease, from the ideas and emotions which form the background of the mind of the patient. Even if the disease cannot be vanquished, the mental disturbances which result from it, the pains and discomforts, may be inhibited, as soon as hopes and joyful purposes gain a dominating control of the mind. The nervous patient often needs a larger hold upon life, while routine prescriptions may too easily reduce that hold by fixing attention on the symptoms. Here then is the right place for the moral appeal and the religious stimulation. . . . We should not underestimate the manifold good which can come from the causal effect of religious and ethical ideas. Those faith curists who bring mutual help by impressing each other with the beauty and goodness of the world really bring new strength to the wavering mind [as the personal self is submerged into a larger, all-embracing existence, and] thus inhibits the small cares and troubles of merely personal origin. The consciousness sinks into God. . . . The haphazard pains of the personality disappear [or] are suppressed by the joy and glory of the whole. . . . Neglected functions of the brain are released and give to the mind an energy and discipline and self-control and mastery of difficulties which restitutes the whole equilibrium and with the equilibrium a new calmness and serenity which may react almost miraculously on the entire nervous system and through it on the whole organism and its metabolism.<sup>23</sup>

It seems to me, in conclusion, that great good for the minister and his people might come from the current psychotherapeutic movement, even though the minister should not enter the field as a mental therapist. As he goes about his ordinary duties as a reli-

<sup>23</sup> *Psychotherapy*, 206-8.

gious ministrant and counselor he may exercise important and safer therapeutic influences. He is pre-eminently a character-builder, and he may now appreciate as never before the subtle difficulties which attend the process through the possibility of emphasizing aspects of religion which, if taken by themselves, disintegrate rather than build up the self. Religious leaders, in view of the facts which this movement has brought to light, may well consider whether the content of their religious messages might not be reconstructed to some extent, reconstructed so as to place more emphasis upon hopefulness, cheerfulness, and the joy of being of service to others rather than upon intellectual problems of doctrine, or upon the distressing aspects of the problem of evil, or even insisting too much upon an uncompromising ideal of duty. I have no thought or desire to soften religion or to render it any less worthy of the respect of the strongest minds. The things which have just been mentioned must often enter into the message of the minister to his people. But we have learned enough about the working of the human psychophysical machine to know today that these are edged tools, not to be used indiscriminately nor to be hurled at all times upon the receptive minds of a congregation. By cultivating a different type of general religious appeal, the clergyman of today will actually minister more effectively to the needs of his people. The content of religion is vast, and a selection from its great storehouse must be made from generation to generation to meet the varying human needs. I believe this age has a peculiar need and that it will in no wise compromise religion if the ministers of the people try to offer them that for which they are hungering. I shall not try here to formulate that need more definitely. It is easier felt than stated, and, moreover, each one will have to state it for himself. It seems to me, however, that it lies along the lines suggested in this paper.